|  |  |
| --- | --- |
| logo_print | Telephone: (415) 563-5815  www.sf-cp.org |
| **Integrations: Psychotherapy and Psychoanalytic Theory Enrollment Form** | |

Enrollment in *Integrations* is open for 2022-2023! *Integrations* is a wonderful opportunity to consolidate what you have learned over the two years of SF-PPTP Training and to begin to take a more active role in your development as a psychoanalytic clinician. It consists of a combined case conference and case-based focused reading seminar, with articles selected *collaboratively* by the instructor and the group in response to clinical material that is presented.

**Enrollment Process**

We will accept up to twelve students on a rolling, first-come-first-served basis, in the order we receive this completed enrollment form. Because of our enrollment limit, we recommend that you enroll as soon as possible. To enroll, please complete this entire form in Microsoft Word and email it to [pptp@sf-cp.org](mailto:pptp@sf-cp.org). Your responses should be typed into the grey boxes. Note that this form will expand to accommodate answers of any length.

**Attendance Commitment**

Integrations classes will be held on **Tuesday evenings from 6:30 – 8:15 pm at SFCP** from September 2022 to mid-June 2023. As with the SF-PPTP, consistent attendance among group members is crucial to developing a safe, stable, and creative group process. We will ask for your commitment to attend the 36 sessions of *Integrations* to the best of your ability, with a minimum of 29 sessions. Please submit this form now if you have serious interest in participating in Integrations so we can begin to plan for this course. Please understand that your commitment will become final, and a non-refundable deposit will be charged on July 1, 2022 unless you send written notification of withdrawal to pptp@sf-cp.org. (*Integrations* is contingent on there being a sufficient number of students who commit by July 1 to allow for a functional and vibrant group process).

|  |  |  |
| --- | --- | --- |
| **PERSONAL INFORMATION** | | |
| Name: | | Degree: |
| Office address: | | |
| Home Address: | | |
| **Required contact information:**  Personal mobile number:  Personal email (not work): | **Preferred Contact Information (if different):**  Telephone:  Email: | |

|  |  |  |
| --- | --- | --- |
| **LICENSURE**  *All students in the SF-PPTP/ Foundations/Integrations programs must have a valid mental health practitioner’s license in the state of California.* | | |
| Professional License Number: | State: | |
| Professional Liability Insurance: | | |
| **Board Certification**  **(if applicable):** | | Certifying board:  Date of certification: |

|  |
| --- |
| **COVID-19 IMPACT ON SF-PPTP/INTEGRATIONS PROGRAMS** |
| **Please note:** At present all SFCP classes are operating remotely via Zoom due to the pandemic. If it is deemed safe to do so at any point during the academic year, SF-PPTP and Integrations programs for 2022-23 will transition to in-person classes which will be held at the **SFCP building (444 Natoma Street, San Francisco).** In this event, we will continue to offer Zoom participation for any students and instructors who prefer to attend remotely for 2022-23. |

|  |
| --- |
| **ATTENDANCE COMMITMENT** |
| ***Integrations* meetings will be held on** **36 Tuesday evenings from 6:30 to 8:15 p.m. on the following dates:**  Sep 13, 20, 27; Oct 11, 18, 25; Nov 1, 8, 15, 22; Dec 6, 13, 20, 2022; Jan 3, 10, 17, 24, 31; Feb 7, 21, 28; Mar 7, 14, 21, 28; Apr 4, 11, 18, 25; May 2, 9, 16, 23, 30; Jun 6, 13, 2022.  Please confirm your intention to attend and participate in all class sessions to the best of your ability, and — barring unforeseeable, unavoidable circumstance — that you can commit to attend for a minimum of 29 evenings. This level of commitment is critical to maintaining a cohesive group, which is at the core of the Integrations experience. If your circumstances change such that you can no longer keep this commitment, please notify the Office by July 1st at the latest.  **Yes, I commit to attending no fewer than 29 sessions and understand that I must withdraw this form by July 1st if my ability to keep this commitment changes.** |

|  |
| --- |
| **PAYMENT PLAN AUTHORIZATION** |
| Check one of the two boxes below to indicate the payment schedule you prefer. By checking one of these boxes, you authorize SFCP to automatically charge the credit or debit card you provide according to the chosen schedule. If in the future you would like us to charge a different credit or debit card, you must provide this information to the SFCP Office at 415-563-5815.    **Lump Sum Payment Schedule**  **Charge Date Description** **Fee**  July 1, 2022 Deposit (non-refundable) $460  August 15, 2022 Full tuition payment $915  **Total for Year** $1375  **Installment Payment Schedule** (includes $50 installment fee as shown below)  **Charge Date Description** **Fee**  July 1, 2022 Deposit (non-refundable) $460  August 15, 2022 Installment fee $50  August 15, 2022 First quarter tuition $230  October 31, 2022 Second quarter tuition $230  January 23, 2023 Third quarter tuition $230  April 1, 2023 Fourth quarter tuition $225  **Total for Year** $1425 |

|  |
| --- |
| **PAYMENT INFORMATION** |
| To secure your spot in the class, please use the following link to submit your deposit and choose a payment plan: [Online Tuition Payment Form](https://www.sfcp.org/s/tuition?program=Psychoanalytic+Psychotherapy+Training+Program+%28PPTP%29)  **I have completed the online Tuition Payment Form.** |

For any questions regarding any aspect of the *Integrations* program or the enrollment process, please contact Curriculum Chair, Ruth Simon, PhD at [ruthsimonphd@gmail.com](mailto:ruthsimonphd@gmail.com). Please contact the SFCP Office at (415) 563-5815 if you do not receive acknowledgement that we have received this form.

|  |  |
| --- | --- |
| **SIGNATURE**  By entering your name and the date below, you acknowledge that all information in this application is true and accurate to the best of your knowledge. Electronic submission of this form by email is equivalent to your handwritten signature. | |
| Signature: | Date: |